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AF 1637  
IFU**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*

Application Number	10/010,742
Filing Date	November 30, 201
First Named Inventor	Davin C. Dillon
Art Unit	1637
Examiner Name	Teresa E. Strzelecka
Attorney Docket No.	210121.491C7

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**BOX AF****ENCLOSURES (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Response<br><input checked="" type="checkbox"/> After Final<br><input checked="" type="checkbox"/> Affidavits/declaration(s)<br>(and attached Figs 1 and 2)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ):<br>_____<br>_____<br>_____ |
|---|---|--|

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Julie A. Urvater, Ph.D, Patent Agent	Customer Number <b>00500</b>
Signature		
Date	July 26, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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**RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE - EXAMINING GROUP 1630**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Davin C. Dillon *et al.*  
Application No. : 10/010,742  
Filed : November 30, 2001  
For : COMPOSITIONS AND METHODS FOR THE THERAPY AND  
DIAGNOSIS OF BREAST CANCER

Examiner : Teresa E. Strzelecka  
Art Unit : 1637  
Docket No. : 210121.491C7  
Date : July 26, 2004

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RESPONSE UNDER 37 C.F.R. § 1.116

Commissioner for Patents:

In response to the Office Action dated May 26, 2004, please amend the application as follows:

**No Amendments to the Claims** are made at this time. A listing of claims is included for convenience, beginning on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.